EXHIBIT 1: CLAIM NO. 427

In its List of Claim:

Claim #427 Date Filed: 12/31/2013 unknown amount. To determine if you need to file a claim, please refer to the enclosed Information About Deadlines to File Claims.

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan	Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense t	hat arises after the bankruptcy filing.	·
Name of Creditor (the person or other entity to whom the debtor owes money or property):		
Carlson, Barbara	RECEIVED	COURT USE ONLY
Name and address where notices should be sent: NameID: 11541450		☐ Check this box if this claim amends a previously filed claim.
Carlson, Barbara 5509 Thornbury Dr Se Deceased	DEC 3 1 2013	Court Claim Number:
Lacey, WA 98513-6411		(If known)
m. 1	KUR TZMAN CARS ON CONSULTANTS	Filed on:
	^	☐ Check this box if you are aware that
Dennis J. Carlson - sole benet	iclary	anyone else has filed a proof of claim relating to this claim. Attach copy of
4517 620d Ave SE Olympia 0	WH 48513,	statement giving particulars.
Dennis J. Carlson - sole benefit 4517 62nd Ave SE Olympia D Telephone numbe (360) 455-1206 email: carlson da.	ndme, amail.com	
1. Amount of Claim as of Date Case Filed:		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim:		
(See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled accou (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a righ		other charges, as of the time case was filed,
setoff, attach required redacted documents, and provide the requested information. \$		
Nature of property or right of setoff: Real Estate Motor Vehicle Other Basis for perfection:		
Describe:		
Value of Property: \$	Amount of Secured Claim:	\$
Annual Interest Rate (when case was filed) % □Fixed or □Variab	le Amount Unsecured:	\$
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. §		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of		
running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing		
evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		
☐ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the	e trustee, or the debtor,	uarantor, surety, indorser, or other codebtor.
or thei	r authorized agent. (See Bankr Bankruptcy Rule 3004.)	uptcy Rule 3005.)
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: Title:		
Company: Address and telephone number (if different from notice address above):	(Signature)	(Date)
Address and telephone number (if different from notice address above).	(OIBIMIMA)	
Telephone number: email:		